



Clinical Quality Management Plan HIV Care Program, AIDS Drug Assistance Program

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Table of Contents	Page
Introduction	3
Quality Statement	4
Quality Infrastructure	5
Resources	7
Performance Measurement	9
Clinical Quality Management Work Plan	10
Participation and Communication with Stakeholders	13
Capacity Building	13
Evaluation	14
Implementation Timeline	14

Introduction

The RW HIV/AIDS Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The Ryan White (RW) legislation created a number of programs, called Parts, to meet needs for different communities and populations affected by HIV/AIDS. Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to U.S. states and territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. The Ryan White Part B HIV Care grant includes funds for HIV care (base), emerging communities, the minority AIDS initiative (MAI) and the AIDS Drug Assistance Program (ADAP). ADAP receives additional funding from the RW Part B supplemental grant and ADAP shortfall relief. As a Ryan White Part B Grantee, the State of California, Department of Public Health, Office of AIDS (OA) has as its mission to assure the availability of high-quality preventive, early intervention and care services for people living with HIV/AIDS.

OA has an established quality management program for Part B that includes compliance quality management, data quality management and the clinical quality management (CQM) Program. Compliance quality management monitors contractor and subcontractor compliance with non-clinical Part B requirements, and prescribes corrective action when deficiencies are identified. Data quality management continuously improves data that is used for compliance and clinical QM activities as well as Part B reporting. The CQM Program evaluates both ADAP and clinical services (core medical and supportive) in a comprehensive performance measurement and improvement program. The RW Part B CQM Program is documented in this CQM Plan.

This plan is a “living” document, designed to be modified and updated as part of OA’s continuous quality improvement process. It is effective April, 2015, and will be reviewed and revised annually thereafter.

If you have any questions concerning this plan, please contact Aileen Barandas RN, MS, QM Nurse Consultant, HIV Care Branch, at (916) 445- 9221, or by email at Aileen.Barandas@cdph.ca.gov

Quality Statement

Vision

All people living with HIV/AIDS in California are virally suppressed and in care.

Mission

The mission of the RW Part B CQM Program is to support both optimum health outcomes for California's persons living with HIV/AIDS (PLWHA) and prevention of new infections through effective treatment of infected persons. This is accomplished by ensuring the availability of a safety net of care (outreach, linkage to care, treatment, and retention in care) and support services for all people living with HIV.

Purpose and Processes

The HIV/AIDS Bureau (HAB) has defined "quality" as the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluation of the quality of care should consider: a) the quality of the inputs, b) the quality of the service delivery process, and c) the quality of outcomes, in order to continuously improve systems of care for individuals and populations. The purpose of the RW Part B CQM Program is to systematically plan for, measure, evaluate and improve the quality of RW funded care and services delivered to HIV/AIDS clients through:

Identified leadership and accountability;

Improved alignment across HIV Programs, and expanded quality related collaborations;

A division-wide QM Committee;

A comprehensive QM Program and work plan;

Dedicated staff with defined roles and responsibilities;

Effective utilization of statewide data;

Evaluation of Performance Measure outcomes through data analysis;

Collaboration with local health jurisdictions (LHJ), community based organizations (CBO) and providers to develop, update, implement and evaluate their QM Programs, ensuring they are consistent with OA standards; and

Evaluation of LHJ, CBO and provider QM performance, and implementation of corrective action plans and training where needed.

Quality Infrastructure

QM Committee Structure

Membership and Meeting Structure

The quality management committee includes members from each of the program areas within the Office of AIDS. The QM Committee meets on a quarterly basis with subcommittees meeting on an as needed basis.

Committee Members Roles and Responsibilities

Chief of the Office of AIDS, Center for Infectious Diseases

As designated in California Health and Safety Code Section 131019, the California Department of Public Health, Office of AIDS (OA) has lead responsibility for coordinating state programs, services, and activities relating to HIV/AIDS. The Chief of OA is responsible for directing the state's HIV surveillance, prevention, care, and treatment services for individuals living with HIV/AIDS. The Chief serves as the ex-officio Chairperson of the QM Committee and provides clinical and public health guidance to the QM Program.

Chief of the HIV Care Branch

The Chief of the HIV Care Branch provides strategic direction to, and manages, the RW Part B HIV Care Program and the Minority AIDS Initiative (MAI). Under this Chief's direction, OA contracts with local health jurisdictions (LHJs) and community-based organizations (CBOs) for provision of state-wide Part B health care and support services. Non-Part B Program responsibilities include directing the AIDS Medical Waiver Program (MCWP) and the Housing Opportunities for Persons with AIDS (HOPWA) Program. This Chief has accountability for the Part B program, including compliance quality management and the clinical quality management program, and in this capacity serves as Chairperson of the QM Committee.

Chief of the AIDS Drug Assistance Program (ADAP) Branch

The ADAP Branch Chief directs and oversees all aspects of ADAP which includes Insurance Assistance Programs. OA utilizes a Pharmacy Benefits Manager (PBM) contractor to manage the ADAP pharmacy network and maintain the ADAP client eligibility database. The branch chief oversees this ADAP PBM contract as well as contracts with enrollment sites and with local health jurisdictions (LHJs) to facilitate ADAP enrollment services. The branch chief also has oversight responsibilities for ADAP fiscal forecasting and policy setting.

Chief of the Surveillance, Research and Evaluation (SRE) Branch

The Chief of the SRE Branch maintains California's HIV/AIDS Case Registry and evaluates the efficiency and effectiveness of publicly funded HIV/AIDS prevention, care, and treatment programs. The SRE Chief is responsible for broad oversight of data quality management for the Care and ADAP Programs.

Chief of the HIV Prevention Branch

The HIV Prevention Branch funds initiatives to assist local health departments and other HIV service providers to implement effective HIV detection and prevention programs.

Chief of the Care, Research and Evaluation (CR&E) Section

The Chief of the CR&E section manages the statewide RW HIV Care program database used for data management and reporting, known as the AIDS Regional Information and Evaluation System (ARIES). This Chief is responsible for data quality management for ARIES and ADAP data.

Chief of the Ryan White Care Program Section

The Chief of the Ryan White Care Program Section is responsible for Compliance Quality Management – which includes the fiscal and program monitoring and contract compliance – for the Part B HIV Care Program and Minority AIDS Initiative Program.

Chief of the HIV Care Programs Section

The Chief of the HIV Care Programs Section manages the HOPWA program and the AIDS MCWP, including compliance quality management and CQM for both programs.

Quality Management Nurse

The QM Nurse Consultant (QMN) is responsible for coordinating the Part B clinical quality management program, with duties and responsibilities as presented throughout this QM Plan. The QMN reports to the Chief of the HIV Care Branch. The QMN participates in regular staff and program meetings thus enabling her to be able to update all OA staff about QM activities and to get regular input from staff. The QMN is the OA Part B liaison to external QM work groups.

Resources

Data Resources

AIDS Regional Information and Evaluation System (ARIES)

ARIES is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care, treatment and support providers and provides comprehensive data for program reporting and monitoring. ARIES is used by the majority of Part B Ryan White-funded service providers in California to automate, plan, manage, and report on client data. Reports generated from ARIES are used to guide program planning, improve service delivery, evaluate provider clinical performance and comply with HRSA/HAB reporting requirements on HAB Performance Measures and client-level data. OA currently uses ARIES to measure and report on Part B HIV Care Program and Minority AIDS Initiative clinical and contract compliance indicators.

California HIV/AIDS Registry

The Surveillance Section maintains a confidential, central registry of demographic and clinical information on all reported California HIV and AIDS cases.

AIDS Drug Assistance Program Data

ADAP data are collected by Ramsell, the contracted Pharmacy Benefits Manager (PBM) which utilizes a propriety system for data collection and reporting. OA monitors ADAP data weekly and ADAP HAB measures through quarterly quality assurance reports generated by the PBM.

Quality Management Resources

Performance measures, guidelines, and RW grant requirements can be found at:

HAB Performance Measures - <http://hab.hrsa.gov/deliverhivaidscares/habperformmeasures.html>

Ryan White HIV/AIDS Program Clinical Guidelines and Protocols, Grant Requirements and Monitoring Standards - <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>

HRSA Guide for HIV/AIDS Clinical Care - <http://hab.hrsa.gov/deliverhivaidscares/clinicalguidelines.html>

HHS HIV/AIDS Treatment Guidelines - <http://aidsinfo.nih.gov/Guidelines/>

National HIV/AIDS Strategy - <http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf>

Joint Recommendation: Incorporating HIV Prevention into the Medical Care of Persons Living with HIV
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>

CDPH's Office of AIDS Integrated HIV Surveillance, Prevention, and Care Plan
<http://www.cdph.ca.gov/programs/aids/Documents/IntegratedPlan.pdf>

The Continuum of HIV Care in California
<http://cdph.ca.gov/programs/aids/Documents/HIVCareContinuum-Dec2013.pdf>

California Addresses the National HIV/AIDS Strategy
<http://cdph.ca.gov/programs/aids/Documents/NHAS-Dec2013.pdf>

The National Quality Center - <http://nationalqualitycenter.org/>

PAETC - education, training and capacity building programs to improve HIV/AIDS care, treatment and prevention services - <http://paetc.org/>

Provider education materials - <http://careacttarget.org/>

Links to training and technical assistance resources:
<http://hab.hrsa.gov/deliverhivaidscares/qualitycare.html>

FAQ on Developing an Effective Quality Management Program in Accordance with the Ryan White Treatment Modernization Act
<http://nationalqualitycenter.org/index.cfm/5852/15161><http://nationalqualitycenter.org/index.cfm/5852/15161>

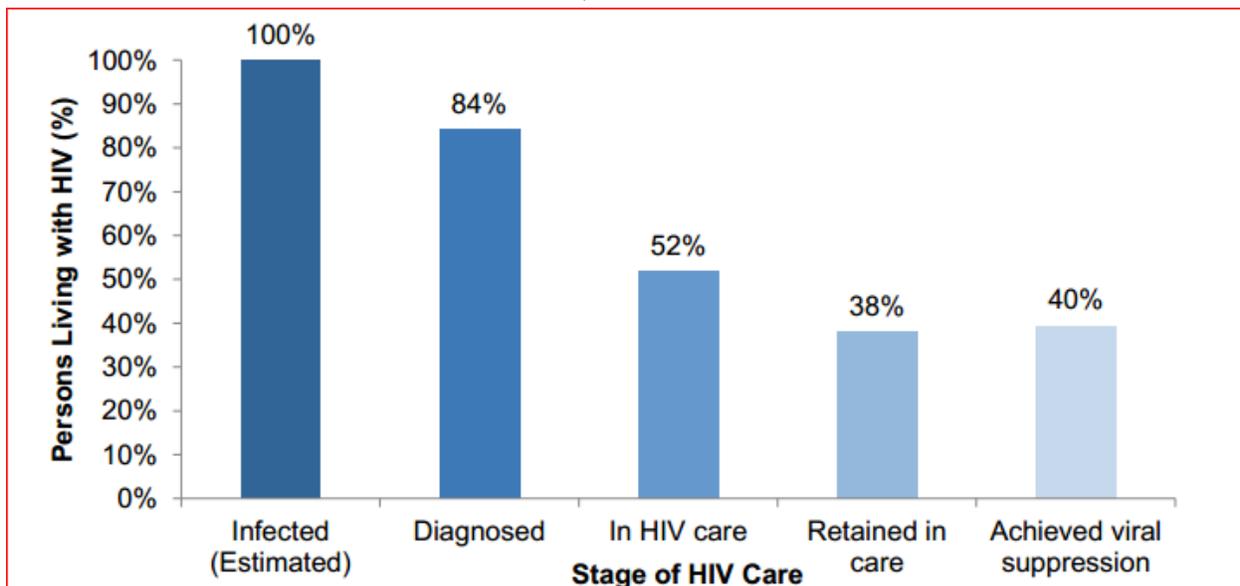
Using Data to Measure Public Health Performance, A Guide for Ryan White HIV/AIDS Program Grantees 2010 - <http://hab.hrsa.gov/manageyourgrant/files/datatomeasure2010.pdf>

Data to Care - Using HIV Surveillance Data to Support the HIV Care Continuum
<http://effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/DatatoCare.aspx>

Performance Measurement

The continuum of engagement in HIV care is an important framework for understanding the status of HIV care and treatment in the United States. An individual person living with HIV/AIDS may go through several stages and may also return to earlier stages of the continuum throughout his/her life. Viral load suppression not only improves individual health, but it also reduces HIV transmission on a population level. As there is mounting evidence that treatment of HIV with combination antiretroviral therapy (ART) reduces HIV transmission and HIV incidence, there has been more of a public health focus on treatment for everyone. The continuum focuses on several steps of HIV service delivery, including diagnosis, linkage to care, retention in care, and viral load suppression.

Continuum of HIV Care – California, 2012



The goals and objectives of the CQM Plan are based on three supporting documents, the National HIV/AIDS Strategy ([NHAS](#)), [California's Integrated Plan](#) and a [Joint Recommendation](#) issued in 2003 by the CDC, HRSA, NIH, and the HIV Medicine Association of the Infectious Diseases Society of America.

On July 13, 2010 the White House released the NHAS. This is the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets.

California's Integrated Plan serves as a practical guide for OA in achieving the vision of the NHAS. The plan was created with input from the California Planning Group (CPG), providers, consumers and stakeholders.

In 2003, the CDC, HRSA, NIH, and the HIV Medicine Association of the Infectious Diseases Society of America issued a joint recommendation asking that providers of HIV clinical care promote interventions that, in addition to improving the health of PLWHA, would help prevent ongoing HIV transmission in the

Clinical Quality Management Plan

United States. Interventions that reduce transmission behaviors or the infectiousness of persons with HIV include:

- linkage to and retention in HIV medical care;
- risk screening and risk-reduction interventions;
- partner services;
- antiretroviral treatment for prevention of HIV transmission;
- antiretroviral medication adherence and
- STD services.

Taken together these three documents create a roadmap to guide the provision of quality HIV care.

Clinical Quality Management Work Plan

The CQM Work Plan delineates long term goals, objectives and specific activities aligned with those of the NHAS, the California Integrated Plan and the joint recommendations. Activities included in the plan encompass quality assurance, quality improvement and collaborations across the OA and externally that seek to leverage relationships with RW Care and ADAP Contractors to support care and treatment for RW clients.

The assessment of clinical quality management activities at the HCP contractor level is an essential component of the CQM program. HCP Contractors are asked to submit QM plans that meet HRSA QM standards as described in the National Quality Center Quality Management Plan Review Checklist (http://nationalqualitycenter.org/download_resource.cfm?fileID=16602). Contractor QM plans are reviewed to ensure that each contractor is monitoring the quality of care provided under the RW Grant. The semi-annual progress report includes questions that address QM progress and outcomes of projects at the contractor and sub-contractor level. When available, ARIES data is used to assess retention in care and viral load suppression for all clients receiving RW funded services, and the findings are compared to QM efforts outlined in the QM plans. Technical assistance is provided as necessary.

ADAP clinical quality is assessed through analysis of data collected by Ramsell, the ADAP pharmacy benefits manager (PBM). Utilizing this comprehensive data collection and reporting system ensures that medication prescription dosing and combination comply with the HHS guidelines for antiretroviral (ARV) medications for adults and adolescents. The PBM provides Quarterly Quality Assurance Reports that allow for the monitoring of the following ADAP HAB measures: Application Determination; Eligibility Re-certification; Formulary; and Inappropriate Antiretroviral Regimens.

Progress on the evaluation of contractor plans, the ADAP quality assurance reports and the activities under each goal and objective will be assessed semi-annually and reported during the QM committee meetings.

Goals and Objectives

Goal 1 - Reduce the Number of New HIV Infections

- 1.1 Reduce the number of new HIV infections.
- 1.2 Reduce the HIV transmission rate.
- 1.3 Increase the percentage of people living with HIV who know their serostatus.

Goal 2 - Increase Access to Care and Optimize Health Outcomes for PLWH/A

- 2.1 Increase the proportion of newly diagnosed patients linked to clinical care within three months of HIV diagnosis.
- 2.2 Increase the proportion of PLWH/A who are in continuous care.
- 2.3 Increase the proportion of RWP clients with permanent housing.

Goal 3 - Reduce HIV Related Health Disparities

- 3.1 Increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load.
- 3.2 Increase the proportion of HIV-diagnosed Blacks with undetectable viral load.
- 3.3 Increase the proportion of HIV diagnosed Latinos with undetectable viral load.

Goal 4 - Build a clinical quality management infrastructure

- 4.1 Establish a QM program for the RW funded CDPH programs.
- 4.2 Support QM capacity in OA and among contracted providers.
- 4.3 Ensure stakeholder participation in the QM planning process.
- 4.4 Develop statewide service standards to guide provision of services and monitoring.

Clinical Quality Improvement Measurement

Care Program

Currently OA monitors and reports on five clinical measures from Group 1 of the former HAB Core Clinical Performance Measures for Adults & Adolescents. These reports are created from ARIES data and are shared and reviewed with contractors at the annual site visit. In 2013, HAB revised its performance measure portfolio for clinical accuracy and relevance, consistency with national guidelines, alignment with other federal agencies, and feasibility for implementation in electronic health record systems. By mid-2015, the clinical indicators available in ARIES will be aligned with the new HAB measures to focus efforts on the following measures for all funded service categories:

Clinical Quality Management Plan

HAB Measures (new):

- 1) Viral Load Suppression
- 2) Viral Load Monitoring
- 3) Gap in Medical Visits
- 4) Medical Visit Frequency

Current clinical indicators based on Group 1 are:

- 1) ARV Therapy for Pregnant Women
- 2) CD4 T-Cell Count;
- 3) Highly Active Anti-retroviral Therapy (HAART);
- 4) Medical Visits and
- 5) PCP Prophylaxis

In cases where provider data quality and/or clinical performance do not meet statewide goals, OA will provide training and technical assistance as needed.

ADAP

Reports on the following HAB ADAP measures are currently generated by the ADAP Pharmacy Benefits Manager (PBM) quarterly. These are reviewed by ADAP management and corrective actions are implemented as needed.

HAB ADAP Measures:

- 1) Application Determination
- 2) Eligibility Recertification
- 3) Formulary
- 4) Inappropriate Antiretroviral Regimen measures

In addition to the HAB ADAP measures, ADAP monitors viral load suppression and CD4 laboratory data and the proportion of clients on HAART. Findings are reported quarterly in the Quality Assurance Report.

HAB Systems Level Measure:

Assessment of the following access to care measure will be conducted through the Needs Assessment process and then annually at the time of the HCP site visit.

Linkage to Care: Waiting Time for Initial Access to Outpatient/Ambulatory Medical Care

Participation and Communication with Stakeholders

Provisions for actively engaging staff, communicating information about quality improvement activities and providing opportunities to learn about quality are necessary for both internal and external stakeholders.

Key Stakeholders

Internal stakeholders within the OA are given the opportunity to provide feedback to reports and to prioritize quality activities in order to ensure coordinated efforts across work groups.

External communications with stakeholders will occur through presentations to the Statewide Community Planning Group and updates to the Regional Planning Councils.

The QM Team will communicate findings and solicit feedback from both internal and external key stakeholders on an ongoing basis.

Communication across RW Programs

The RW Program Part B CQM Program will focus on collaboration of quality management activities across all RW Parts in California. This will be supported by having the QMN attend HIVQUAL Regional Quality Group meetings and supporting the sharing of best practices across HIV programs.

Coordination within CDPH

In order to ensure collaboration, the QMN meets regularly and maintains relationships with OA Surveillance, ADAP and Prevention program staff, and with Program Collaboration Service Integration staff (PCSI), which includes Tuberculosis (TB), Sexually Transmitted Disease (STD), Immunization and Hepatitis.

Capacity Building

Ryan White Program Part B QM staff participates in NQC trainings and webinars to support their ongoing QM skills development. This enables staff to provide and coordinate technical assistance/training for RW Program Part B sub-recipients.

QMN coordinates webinars and training opportunities around quality management for OA staff.

NQC training materials and resources are utilized where appropriate.

QM technical assistance/training needs are assessed through requests in sub-recipients' applications, monitoring of local QM plans/programs and semi-annual reports, and through training evaluations and/or needs assessments.

Evaluation

Self-Assessment

The QM Committee completes the *HAB/NQC Collaborative Ryan White Program Part B QM Assessment Tool* at least annually.

The OA QM plan is assessed using the *Checklist for the Review of an HIV-Specific Quality Management Plan*, assessment tool developed by the NQC.

Evaluation of Local QM Plans

The QM nurse reviews contractor QM plans using the *Checklist for the Review of an HIV-Specific Quality Management Plan* and provides feedback regarding each plan. Contractor QM plans are compared to contractors semi-annual progress reports and county specific RW program data to assess progress on goals and objectives.

External Evaluation

QM activities and progress on goals are reported to HRSA during Part B grant applications and progress reports. HRSA provides external feedback regarding the RW Part B QM Program.

Process to Update Plan

The QMN will create a draft revision, if necessary, of the QM plan by September 1st of each year. This draft will be circulated among the committee for input. The final revision will be approved by October 30th.

Plan Implementation Timeline

The QM Work Plan specifies timelines for implementation to accomplish the activities that support the goals and objectives defined in this plan. Accountability for implementation steps, milestones and associated measurable implementation objectives are included in the work plan. The work plan is updated quarterly and progress is reported to the QM committee.